2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000030221**

1. Entity Name

MORFORD HI-TECH SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1370 BOLGER AVENUE SPRING HILL, FL 34609 1370 BOLGER AVENUE SPRING HILL, FL 34609

## FILED Jan 28, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3633607

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORFORD, JEFFERY S 1370 BOLGER AVENUE SPRING HILL, FL 34609

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if apolicable (NOTE: Registered Agent signature required when reinstating)  DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550:00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees U000000798731	<u> 150_00</u>
10. OFFICERS AND DIRECTORS	
TITLE PD  NAME MORFORD, JEFFERY S  STREET ADDRESS 1370 BOLGER AVENUE  CITY-ST-ZIP SPRING HILL, FL 34609	
TITLE VD  NAME MORFORD, JOYCE A  STREET ADDRESS 1370 BOLGER AVENUE  CITY-ST-ZIP SPRING HILL, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that	t the information

12. Thereby certify that the information supplied with this filling does not quality for the examptions contained in Chapter 119. Horida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

Systype and Types on Printegrame of signing officer or Directo

leffery S. Morford

x 1/24/08

(352) 684-1703

Daytima Phone #